

Commonwealth of Virginia

Department of Health

Bedding and Upholstered Furniture Inspection

P. O. Box 2448 - Room 232
Richmond, Va. 23218

	Application for Virginia Sanitizer's	s Permit	
		Area Code and Phone Area Code and Fax County	
	ion are different from shown, please enter the cor		
Business name	Billing nam		
Street address	Street address		
City, State Zip+4  Name of Owner/Partners/Corporation Officers	City, State Zip+ Address of Owner/Partners/Corporation Office	L	Title
Any chemical spray to be utilized on Bedding and must be at least equal to the specifications reflect if a chemical spray method is to be utilized, pleaname of the product here. Use back if needed.  Attach two copies of yellow content law label	se indicate the	ation must be approved by	the Virginia Board of Health and
	nits issued pursuant to Title 32.1-217 of Article stements made in this application have been e		
Date:	Signature		
Return this application to the Virginia Departmen available. If you have any questions, please con	t of Health with a check for the amount payable. tact this office at 1 (804) 786-5417 or Fax 1-(804)	Please include two copies of 786-8613.	of yellow content law labels, if

